



LEON MATHIEU SENIOR CENTER
420 MAIN STREET, PAWTUCKET, RI 02860



2016 - 2017 Activity Membership Form

Name _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Phone # _____ Birth date _____ Gender M F

<p>RACE:</p> <p><input type="checkbox"/> Caucasian / White</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> Cape Verdean</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native American</p> <p><input type="checkbox"/> Hispanic</p> <p>Other _____</p>	<p>LANGUAGE (S):</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Portuguese</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Creole</p> <p>Other _____</p>	<p>MARITAL STATUS:</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Divorced</p>
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Emergency Contact:

Name _____ Relationship _____

Work/Cell Phone # _____ Home Phone # _____

For Office Use Only

CITY RESIDENT MEMBERSHIP DUES \$7.00

OUT OF CITY DUES \$10.00

METHOD OF PAYMENT CASH CHECK

DATE PAID _____ AMOUNT \$ _____

MEMBERSHIP ID SCAN NUMBER X _____

NEW
 RENEWAL